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## EDITORIAL NOTES.

**ICTERUS BY HEMOLYSIS.**

The conditions in which icterus is observed are so numerous as to lead to much controversy in regard to its pathogenesis. Apart from those cases due to pure mechanical obstruction, icterus may possibly be due to swelling of the liver cells themselves, causing a narrowing of the finer bile ducts and rendering the passage of abnormally viscid bile quite difficult. In toxaemic cases, this action is quite probable, the increased blood destruction leading to excessive formation and inspissation of the bile.

There is to date no definite confirmation of Minkowski's ingenious hypothesis that, under certain conditions, perverted function of the liver cells may bring about the discharge of bile into the lymph and blood, in the complete absence of any obstruction.

We have long had experimental proof that massive destruction of erythrocytes by hemolytic poisons could produce icterus. The much-wished-for clinical proof has been furnished by the work of Chauffard and confirmed by that of Widal, Abrami, Brulé, Oettinger of Paris, Parkes-Weber of England and von Stejskal of Austria (to mention only the pioneers).

It was shown that in a number of cases there exists a marked fragility of the red blood corpuscles on exposure to hypotonic solutions of sodium chlorid. There is also a decrease in the average size of the red blood corpuscles, and on vital staining, peculiar basophilic granulations of the erythrocytes are seen, their occurrence being interpreted as an indication of active blood regeneration.

"Hemolytic jaundice" is now accepted by most clinicians as a distinct clinical entity, and is here considered as such.

A number of the patients are congenitally icterics, and the disease sometimes occurs in families. Jaundice may come on immediately after birth or not until puberty. There is always a moderate anemia, in spite of which subjective symptoms are usually absent. Icterus is usually not intense; there are no signs of obstruction of the bile ducts, and symptoms of cholemia, such as bradycardia, pruritus, xanthomas and hemorrhages are likewise absent in spite of the presence of bile pigment (but not of urobilin) in the blood. The stools are highly colored, the urine contains no bile. The spleen is practically always enlarged in the congenital cases. It is probable that some so-called splenic anemias are really instances of this disease.

In the acquired hemolytic icterus the anemia is far more intense, and, curiously enough, the corpuscular fragility is not so marked as in the congenital type. In addition, an auto-agglutinative power of the serum is at times observed. The most important forms of the acquired type may simulate (1) cholelithiasis, (2) pernicious anemia with jaundice, (3) chronic infectious cholangitis, (4) splenic anemia or (5) icterus gravis. (The recognition of the acquired types is particularly important, because some of them can be greatly improved if not cured by the persistent administration of iron.)

It is impossible to say where the hemolysis occurs; some insist that it is in the spleen (and report cases cured by splenectomy), others that it is in the blood. At any rate, the important problem as to the primary cause of the condition is certainly at present impossible of solution.

But little attention has been paid to this subject in American literature. It is hoped that Thayer's review in the Johns Hopkins Bulletin will be consulted by those encountering similar cases. The laboratory tests for corpuscular fragility are a trifle tedious, but not at all difficult of execution in hospital, as the writer can testify. René Bine.

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**SOMETHING INTERSTITIAL.**

Some of us will never cease to stand aghast at the ease with which anxious families are placated with polysyllabic reverberations. This pregnable quality of human nature, the awe of the unknown, is seized upon by many a practitioner of many patients and fewer morals,

to smooth over a path which would otherwise be too rough in the going.

The conscientious doctor when asked for a diagnosis where none has been reached, will answer, "I don't know." Simple doctor! How far better are some of the following diagnoses which have been oracled by some of the omniscent: "The trouble in this case," says Dr. X., who has been called in as a consultant, "Is something interstitial and time will tell whether the boy will live or die." This in a case of an obscure continued fever. Picture the orientation of the mother when she found that her boy had "something interstitial!" From her countenance it was easy to see that at last she felt as though she knew "where she was at."

Mr. X. goes to Dr. Y. suffering with anginoid pains. He goes to Dr. Y. because of the latter's large practice. Dr. Y. tells him the trouble is a "painful contraction in the chest." A modern Sydenham come to judgment! Mr. X. has at last found out his disease and is easier in mind, while Dr. Y. is easier in pocket, besides having secured by rhetoric the patient's confidence. It is only after many months of ineffectual treatment that Mr. X. seeks other aid, and after a positive Wassermann followed by specific treatment Mr. X. is relieved of his "painful contraction in the chest."

Mrs. A. is ill with jaundice, vomiting and distension. Dr. B. is the family physician and must be called. He is a good doctor, surely, because all the deceased of that generation have passed away with his assistance. "Dear Dr. B.," asked the young medical student in the family, "what is your diagnosis?" "Ah, my lad," answers the wiseacre, "here we have to do with a gastro-hepatic-intestinal affair." The neophyte, though edified, did not understand the diagnosis and inquired further. "It is this way," said the savant, "the vomiting is gastric, the jaundice hepatic, the distension intestinal." Presto, the problem was solved by this wonderful diagnostic acumen!

Mrs. C. has been under observation by Dr. D. for an extended period, the doctor having diagnosed cholelithiasis. Dr. D. being out of town, Dr. E. is called in during the attack. Let it be understood that Dr. E. is a religion among his patients, and they live secure in the knowledge that instead of going to Heaven they will go to him when they die. "Have I gall stones?" asks Mrs. C. of him. "It may be," is the answer, "but on the other hand you may have biliary colic. I will give you something to liquify the bile." A disease in sooth, "biliary colic," and how wonderful is science these days that can give us drugs to liquify bile!

Unfortunate Mr. F. suddenly has an attack of hemiplegia. Doctors on the scene diagnose cerebral thrombosis and some advise venesection. Anxious family gathered in mahogany drawing-room must first have extended consultation, and above all the dictum of Dr. G. Consultation is free, open and in the presence of the family, and Dr. G. strenuously objects to bleeding, "instead we shall give nitrites," says he. "The blood vessels in the brain are contracted and the nitrites will dilate them." His word carries with the family, for naturally they have not read Leonard Hill's work any more than Dr. G. apparently had done.

All of this and much more that is omitted simply voices a pity,—the pity that the laity naturally cannot be in a position to know more, and a pity that there are among us those who will so deliberately use words to cloak ignorance. "Something interstitial," "gastro-hepatic-intestinal affair," "clarify bile," "painful contraction in the chest," dilating cranial vessels with nitrites,—all these cry out in their absurdity and savor of Dr. Munyon more than any one else. For our own self-respect let us talk truth and common sense to our patients lest our cloak be torn off, and let us wage as relentless a war on the untruths inside the profession as on those without. Fortunately the users of these methods are really few, but unfortunately their influence is frequently great. Were they anything but a minority, we should as a body be truly suffering from "something interstitial." H. I. W.

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**A SKIN REACTION IN SYPHILIS.**

Some recent work in France has demonstrated the possibility of obtaining a cutaneous reaction in syphilis that may be of practical diagnostic value equal to that of the accepted cutaneous tests in tuberculosis. If the hopes aroused by the favorable results obtained in the preliminary work and by the reasonableness of the procedure prove to have been justified, a simple practical diagnostic method will be available. It will be welcomed by many physicians who, on account of the expense and the difficulties connected with having a Wassermann test or any of its modifications performed cannot utilize this most valuable diagnostic aid in many of their cases.

Observing the frequency with which the Porges "precipito-reaction" was obtained in syphilis, Loeper, Desbouis and Duroeux were led to try to see if intradermic injections of glycocholate of soda in syphilitic subjects would not determine the appearance of characteristic nodules. They were successful a surprising number of times, the reaction consisting of "a lenticular erythema, a small lentil-sized nodule or a small ulceration." The results were confirmed by the Wassermann reaction. One or two drops of a fresh 1-20 or a 1-50 solution were injected intradermically by the usual method. The solutions used were preserved in sealed glass ampoules, protected from the light. In 100 non-luetic subjects the reaction was negative 85 times. In 10 primary syphilitics there were 10 strongly positive reactions. In 56 "secondaries" there were 56 positive reactions (with both dilutions of the solution). With 15 tertiary subjects there were 14 positive reactions. Nine cases of tabes, G. P. and leucoplakia only gave one positive result. An ac-